CMS Manual System	Department of Health & Human Services
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services
Transmittal 435	Date: FEBRUARY 6, 2009
	Change Request 6357

SUBJECT: VMS Modifications to Implement the Common Electronic Data Interchange (CEDI) System, Final Implementation

I. SUMMARY OF CHANGES: This change request prescribes the requirements for ViPs to implement the final changes which will disable all levels of pre-pass editing associated with the HIPAA version of ANSI 837 and 276 transactions, and will discontinue the CCN assignment process for X12 (837 claims only).

NEW/REVISED MATERIAL
EFFECTIVE DATE: ON OR BEFORE APRIL 6, 2009
IMPLEMENTATION DATE: ON OR BEFORE APRIL 6, 2009

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:
Not Applicable.

SECTION B: For Medicare Administrative Contractors (MACs):
The Medicare administrative contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time Notification

*Unless otherwise specified, the effective date is the date of service.

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 435	Date: February 6, 2009	Change Request: 6357

SUBJECT: VMS Modifications to Implement the Common Electronic Data Interchange (CEDI) System, Final Implementation

Effective Date: On or before April 6, 2009
Implementation Date: On or before April 6, 2009

I.   GENERAL INFORMATION

Transmittal 344, Change Request 6026, prescribed the requirements for the durable medical equipment Medicare administrative contractor (DME MAC) shared system changes necessary to prepare for the implementation of the Common Electronic Data Interchange (CEDI) System, a common EDI front end developed to support the DME MACs.

The ViPS, the DME MAC shared system maintainer developed and elevated the software changes necessary to remove or disable certain functionality of the electronic data interchange (EDI) front end system; however, the implementation of edits and claims control numbering at the CEDI system has been delayed. This instruction does not affect fiscal intermediaries, carriers, RHHIs, MCS, and FISS.

A. Background: Currently, the CEDI front end system performs all Implementation Guide (IG) Level I and NPI cross walk editing on incoming Medicare DME claims and forwards the output data from transactions to the core of the VMS shared system claims processing environment.

The business requirements associated with this change request will be effective on **or before April 6th, 2009** regardless of the date of service or date of receipt of the claim.

B. Policy: N/A

II.   BUSINESS REQUIREMENTS TABLE
Use "Shall" to denote a mandatory requirement

Number	Requirement	A/B MAC	DME MAC	FI	CARRIER	RHHI	FISS	MCS	VMS	CWF	OTHER
							Shared-System Maintainers				
6357.1	VMS shall disable all levels of pre-pass editing associated with the HIPAA version of ANSI 837 claim, excluding OCR, Telephone and/or Keyshop claims, that are submitted in the 837 flat file format prior to April 6, 2009. This includes Implementation Guide (IG), CMS companion guide and Medicare "return as unprocessable" edits.								X		
6357.2	The VMS shared system shall continue to support OCR, Telephone, and/or Keyshop claims								X		

Number	Requirement											
	submitted in the 837 flat file format.											
6357.3	VMS shall disable all levels of pre-pass editing associated with the 276 flat file prior to April 6, 2009.									X		
6357.4	VMS shall continue to edit and misdirect all NCPDP transactions until a future CR is written to remove the edits.									X		
6357.6	VMS shall continue to produce and send separate flat files for each of the outbound transmissions (277 and 835).									X		
6357.7	VMS shall no longer support their existing CCN generation process for X12 (837 claims only) prior to April 6, 2009.									X		
6357.8	VMS shall continue to be responsible for the creation of the X12 837 COBC and NCPDP COBC files.									X		EDC
6357.8.1	The EDC shall transmit these files.									X		EDC
6357.9	VMS shall receive from CEDI contractor the last Claim Control Number (CCN) assigned to the last claim in the 837 format in the last job cycle.									X		CEDI
6357.10	VMS shall increment the CCN, as appropriate, to NCPDP claims for processing.									X		
6357.11	VMS will work with the CEDI contractor on the validation of the edits until VMS disables all levels of pre-pass editing prior to April 6, 2009.									X		CEDI
6357.12	VMS shall participate in all conference call discussions related to CEDI, including STC and UAT testing coordination calls, new edit discussions, and the implementation of all edits at CEDI.									X		
6357.13	VMS shall modify the MGTP update process to accept a special character to indicate 'no update' of a field on the transaction record.									X		

III.   PROVIDER EDUCATION TABLE

Number	Requirement	A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	F I S S	M C S	V M S	C W F	OTHER
6357.14	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive		X								CEDI

Number	Requirement	A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	F I S S	M C S	V M S	C W F	OTHER
	notification of the article release via the established "MLN Matters" listserv.										

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

B. Contractor Financial Reporting /Workload Impact: N/A

V. CONTACTS

Pre-Implementation Contact(s):

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VI. FUNDING

A. For Fiscal Intermediaries and Carriers: N/A

B. For Medicare Administrative Contractors (MAC):

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.